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CONFIRMATION NO. 4210

SERIAL NUMBER 10/674,744	FILING DATE 09/29/2003 RULE	CLASS 514	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 50164/006003
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/191,149 07/09/2002
 which claims benefit of 60/304,089 07/09/2001

K6
 ** FOREIGN APPLICATIONS *****

K6 name
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 12/18/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>K6 name</i> Examiner's Signature Initials	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
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ADDRESS

21559
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 BOSTON, MA
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TITLE

Combinations for the treatment of inflammatory disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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☒ 1.18 Fees (Issue)

☐ Other _____

☐ Credit